1	10A NCAC 13B	.5413 is proposed for readoption with substantive changes as follows:
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3	10A NCAC 13B	5.5413 ADDITIONAL REQUIREMENTS FOR SPINAL CORD INJURY PATIENTS
4	Inpatient rehabil	litation facilities providing services to persons patients with spinal cord injuries shall meet the
5	requirements in	this Rule in addition to those identified in this Section. provide staff to meet the needs of patients in
6	accordance with	the patient assessment, treatment plan, and physician orders.
7	(1)	Direct care nursing personnel staffing ratios established in Rule .5408 of this Section shall not be
8		applied to nursing services for spinal cord injury patients in the inpatient rehabilitation facility or
9		unit. The minimum nursing hours per spinal cord injury patient in the unit shall be 6.0 nursing hours
10		per patient day. At no time shall direct care nursing staff be less than two full time equivalents, one
11		of which shall be a registered nurse.
12	(2)	The inpatient rehabilitation facility or unit shall employ or provide by contractual agreements
13		physical, occupational or speech therapists in order to provide a minimum of 4.0 hours of specific
14		or combined rehabilitation therapy services per spinal cord injury patient day.
15	<del>(3)</del> <u>(1)</u>	The facility shall provide special facility or have access to special equipment to meet the needs of
16		patients with spinal cord injury, including specially designed wheelchairs, tilt tables and standing
17		tables. injury.
18	(4)	The medical director of an inpatient spinal cord injury program shall have either two years
19		experience in the medical care of persons with spinal cord injuries or six months minimum in a
20		spinal cord injury fellowship.
21	<del>(5)</del> <u>(2)</u>	The facility shall provide continuing education in the care and treatment of spinal cord injury
22		patients for all staff.
23	<del>(6)</del> <u>(3)</u>	The facility shall provide specific staff training and education in the care and treatment of spinal
24		cord injury.
25	<del>(7)</del> <u>(4)</u>	The size of the spinal cord injury program shall be adequate to support a comprehensive, dedicated
26		ongoing spinal cord injury program.
27		
28	History Note:	Authority G.S. 131E-79;
29		RRC Objection due to lack of statutory authority Eff. January 18, 1996;
30		Eff. May 1, <del>1996.</del> <u>1996;</u>
31		Readopted Eff. April 1, 2020.